

Tennessee

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State CARE Act Program Profile

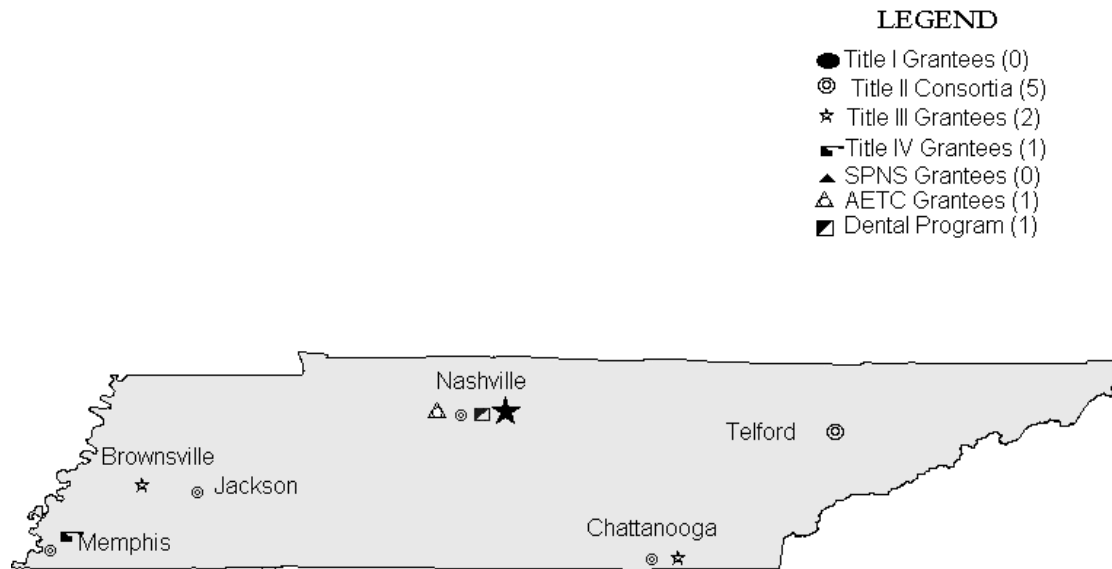
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$3,757,915	\$5,736,623	\$7,230,546	\$16,725,084
ADAP	(\$547,955)	(\$1,830,152)	(\$3,205,877)	(\$5,583,984)
Title III	\$0	\$50,000	\$97,444	\$147,444
Title IV	\$0	\$0	\$277,400	\$277,400
SPNS	\$0	\$0	\$0	\$0
AETC	\$73,944	\$100,000	\$100,000	\$273,944
Dental	\$10,047	\$25,495	\$17,435	\$52,977
Total	\$3,841,906	\$5,912,118	\$7,722,825	\$17,476,849

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

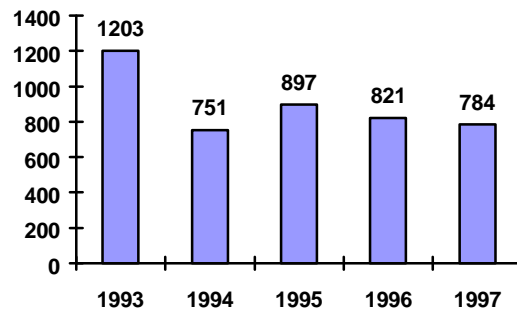
	1996	1997	1998
Title I	0	0	0
Title III	0	1	2
Title IV	0	0	1
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	1	1	1

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Tennessee (Pop. 5,368,198)

- ▶ Persons reported to be living with AIDS through 1997: 3,019
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 4,335
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated January 1992)
- ▶ State AIDS Cases (cumulative) since 1993: 4,456 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	79%	78%
Women (13 years and up):	21%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	1%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	39%	33%
African American:	59%	45%
Hispanic:	1%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	44%	35%
Injecting drug user (IDU):	20%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	4%
Heterosexual contact:	19%	13%
Other, unknown or not reported:	12%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	249.7	194.5
Gonorrhea (1996)	222.8	124.0
Syphilis (1996)	16.2	4.3
TB (1997)	8.7	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** programs for HIV-positive heterosexuals; comprehensive insurance coverage; transportation; housing; support groups in rural areas; access to HIV specialists; dental, nutrition, and vision services; respite care; alcohol/drug abuse treatment; physical therapy; holistic care; and burial support
- ▶ **Emerging Needs:** services for multiply-diagnosed, incarcerated, and adolescents; drug/alcohol abuse treatment; respite/adult day care; housing; employment services; health/financial planning; case management; and child care/foster care

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	400% FPL
Medically Needy	23% FPL

*Income eligibility for State's ADAP program is 300% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	No

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: Yes

Beneficiary groups: All Medicaid eligible persons are required to participate. Individuals unable to obtain health insurance due to existing health conditions; and uninsured individuals ineligible for an employer or government health plan and uninsured as of 7/1/94. Children in foster care and persons with chronic mental illness are not enrolled.

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): No

Title II: Tennessee

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$3,757,915	\$5,736,623	\$7,230,546	\$16,725,084
ADAP (included in Title II grant)	(\$547,955)	(\$1,830,152)	(\$3,205,877)	(\$5,583,984)
Minimum Required State Match	\$939,479	\$1,912,208	\$3,615,273	\$6,466,960

Allocation of Funds

	1998
Health Care (State Administered)	\$5,559,177/77%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$3,205,877)
Direct Services	(\$2,353,300)
Case Management (State Administered)	\$0/0%
Consortia	\$1,097,449/15%
Health Care*	(\$363,723)
ADAP/Treatment	(\$8,000)
Case Management	(\$451,019)
Support Services**	(\$274,707)
Administration, Planning and Evaluation (Total State/Consortia)	\$573,920/8%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 5

Consortium Name	Location	Title II Funding, FY 1997
East/Northeast Ryan White Consortium	Telford	\$157,600
Memphis Shelby County HIV & AIDS Care Consortium	Memphis	\$365,600
Ryan White CARE Consortium, Region IV	Chattanooga	\$112,600
Ryan White Community AIDS Partnership	Nashville	\$415,200
West Tennessee Legal HIV/AIDS Consortium	Jackson	\$75,000

Accomplishments

Clients Served (duplicated count), FY 1996:	7,260
Men:	77%
Women:	22%
Other, unknown or not reported:	1%
<13 years old:	4%
13-19 years old:	1%
20+ years old:	94%
Other, unknown or not reported:	2%
White:	54%
African American:	43%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	50%
Injecting drug user (IDU):	25%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Heterosexual contact:	25%
Other, unknown or not reported:	0%

► **Improved Patient Access**

- The CARE Act programs and the state's Medicaid managed care program (TENNCARE), have coordinated to establish an HIV Centers of Excellence program to improve access to state-of-the-art medical care and treatment. Most low-income and uninsured PLWH are able to access primary care and treatment through TENNCARE. Title II provides a "bridge" for those services during eligibility determination, and health and support services not available through TENNCARE to meet other needs and ensure continuity of care.
- The total number of Title II clients accessing primary health care, treatment, and support services increased 112% between 1995 (3,420 clients) and 1996 (7,260).
- Between 1995 and 1997, the total number of unduplicated clients accessing medications through ADAP, increased by more than 230 percent, from 180 to a total of 598 clients served during 1997.
- Client demographics include approximately 17% female, 52% African American, and less than 1% Hispanic or Native American. These figures are consistent with the overall epidemic within Tennessee.
- The ADAP formulary was expanded from 16 medications in 1996 to 24 in 1998.
- Five new medical case manager positions were funded in 1997, serving four predominately rural regions and the Nashville region, to facilitate improved access to primary medical and other health and support services.

► **Cost Savings**

- The ADAP participates in the Office of Drug Pricing's discount purchasing program for substantial cost savings.

► **Other Accomplishments**

- Information on the ADAP is routinely provided in the STD/HIV programs' quarterly newsletter, "The Messenger," and at the State's quarterly meeting of the Tennessee AIDS Council, composed of representatives of numerous HIV patient care and prevention education organizations.

AIDS Drug Assistance Program (ADAP): Tennessee

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$847,955	\$1,830,152	\$3,205,877	\$5,883,984
State Funds	\$0	\$0	\$0	\$0
Total	\$847,955	\$1,830,152	\$3,205,877	\$5,883,984

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 24 drugs, 4 protease inhibitors, 5 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: Yes
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	500
Number using ADAP each month:	169
Percent of clients on protease inhibitors:	30%
Percent of active clients below 200% FPL:	85%

Client Profile, FY 1996

Men:	84%
Women:	16%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	46%
African American:	54%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Tennessee

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	0	1	2	
Total Title III funding in State	\$0	\$50,000	\$97,444	\$147,444

Planning Grants

1998 - Chattanooga CARES - Chattanooga
1998 - Methodist Health Care-Haywood Park - Brownsville
1997 - Memphis Health Center - Memphis

Title IV: Tennessee

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	0	0	1	
Total Title IV Funding	\$0	\$0	\$277,400	\$277,400

Title IV Grantees, FY 1998

Grantee Name	Location
Methodist Healthcare/Memphis Hospitals	Memphis

AIDS Education and Training Centers: Tennessee

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Great Lakes to Tennessee Valley AETC
- ▶ States Served: Kentucky, Michigan, Ohio, Tennessee
- ▶ Primary Grantee: Wayne State University, Detroit, MI
- ▶ Subcontractors in State: Meharry Medical College - Nashville

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$73,944	\$100,000	\$100,000	\$273,944

Training Highlights from FY 1997

- The AETC conducts HIV Mini Fellowships for Physicians, a one-week program of intensive training in prevention and care of HIV infection and its complications. The program includes small group lectures and discussions, interactive sessions and supervised patient care experiences. Participants gain experience in inpatient care by accompanying faculty on rounds. Outpatient care experiences involve seeing patients under the immediate supervision of faculty.
- The AETC's Case Management Certification Training Program involves four days of training and a certification examination. Topics covered include: medical update information; case assessment and care plan development, adherence, psychosocial issues, substance abuse and double and triple diagnosis, benefits, confidentiality and legal issues, partner notification, and prevention case management.
- Brown Bag Seminars are offered periodically for CARE Act-funded and other service agencies in the Cleveland area by the Ohio performance site. The one-to two-hour programs are offered during lunch hour to allow interested health care professionals to learn more about HIV care and prevention. Topics have included: quality of life issues for people living with HIV; post-exposure prophylaxis guidelines, people living with HIV-infection and substance abuse; viral load and new therapies; and HIV risk for African Americans.

- A Train-the-Trainer Program is conducted by the Kentucky performance site. The three-day training covers a variety of topics including: training techniques; legal and ethical issues; HIV diagnosis, progression, and transmission risk assessment; PHS treatment guidelines; managed care and its impact; adherence and post-exposure prophylaxis. Participants are certified through state health departments to provide two to four hours of HIV training in their facilities and communities and are provided training materials. They are required to attend a one-day update every two years.
- The Tennessee performance site's program, "Corrections and HIV/AIDS Issues" targets health care providers in the corrections system. Topics include: medical management of asymptomatic and early HIV disease; HIV and substance abuse; and the clinical manifestations and psychosocial issues of HIV.

HIV/AIDS Dental Reimbursement Program: Tennessee

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$10,047	\$25,495	\$17,435	\$52,977

Accomplishments

Est. clients served, 1996:	67
Men:	87%
Women:	13%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Meharry Dental School	Nashville